N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

9460

File No. 1049

Registered No.

1. PLACE OF DEATH

County JACKSON — Registration District No.

Township KAW — Primary Registration District No.

City KANSAS CITY (No. 5741 CHERRY St. Ward)

2. FULL NAME KINGSLEY DENT SMITH

(a) Residence, No. 5741 CHERRY St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: MALE
4. COLOR OR RACE: WHITE
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): MARRIED

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) ~~WIFE OF~~ MRS. FLORENCE F SMITH

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) DECEMBER-27-1883

7. AGE: YEARS 49 — MONTHS 2 — DAYS 3 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. REPRESENTATIVE

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. J. C. STEELE & CO & CHASE FOUNDRY & SUPPLY CO.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) CLIFTON OHIO

FATHER

13. NAME GEORGE HENRY SMITH

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) OHIO

MOTHER

15. MAIDEN NAME LETTIE DENT

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) KENTUCKY

17. INFORMANT (ADDRESS) MRS. FLORENCE F SMITH 5741 CHERRY ST.

18. BURIAL, CREMATION, OR REMOVAL
PLACE FOREST HILL DATE MARCH-4 1933

19. UNDERTAKER (ADDRESS) D. W. NEWCOMER'S SONS KANSAS CITY MISSOURI

20. FILED 3/2 1933 M. M. Crowe asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) MARCH-2, 1933

22. I HEREBY CERTIFY, That I attended deceased from 12/9/31, 19..., to 3/2/33, 19...

I last saw him alive on 3/1/33, 19... Death is said to have occurred on the date stated above, at 7:15 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Exhaustion	
46 B	
46 B	

Other contributory causes of importance: Carcinoma, stomach

Name of operation 12/11/31 Date of yes

What test confirmed diagnosis? op Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury, 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [signature], M. D.

(Address) 1500 Prof Bldg.

2-4